

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: When Pigs Fly  
BUSINESS STREET ADDRESS: 13851 SW 29 ST ZIP 33330  
BUSINESS MAILING ADDRESS: 13851 SW 29 ST ZIP 33330  
BUSINESS PHONE: (954) 473-2154  
DESCRIBE TYPE OF BUSINESS: Petsitting - client Home only  
BUSINESS IS: Corporation \_\_\_\_\_ Sole Proprietor ☒ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Sheila McGovern</u>	<u>13851 SW 29 ST</u>	<u>DAVIE 33330</u>	<u>954 473-2154</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 03, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

Sheila McGovern  
Print Owner or Officers Name and Title

Sheila McGovern  
Signature of Owner or Officer

Office Use Only: Date <u>1/23/03</u> Category <u>18400</u>		Fee Exempt per Sec. 13-13 _____	
Fee _____		Rec# _____	New <input checked="" type="checkbox"/> Trans _____
License # _____	Control # _____	Zoning <u>R-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____		Zoning Approval <u>FL</u>	Date <u>1/24/03</u>
Town Council Date _____		Approved _____	Denied _____
Tabled To _____		Approved _____	Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____			